

TENANT CONTACT & AUTHORIZATION FORM

Form CT-02

Sherman Oaks Galleria

To provide us with information about the individuals you have authorized for various purposes, please complete this form, have an authorized person sign it and return it to the Office of the Building.

Tenant Name:						Contact F	Phone #:	
Suite No.:						Date:		
Building:	☐ Comerica Bank ☐ Garden Office Building Building			☐ Courtyard Building		☐ Atrium Building		☐ Retail Building
THE FOLLOWING	PERSONS AF	RE DESIGNA	TED TO ACT	ON BEHALF	OF THE	TENANT AS	S SPECIFI	ED BELOW:
Name		Title	Phone		Cell		Email	
Order billable service	es and access card	ls Lease	related matters	Emergency	contact	Accounting	ng/Billing	Other
Order billable service	es and access card	ls Lease	related matters	Emergency	contact	Accounti	ng/Billing	Other
Order billable service	es and access card	ds Lease	related matters	Emergency	contact	Accounti	ng/Billing	Other
Order billable service	es and access card	ls Lease	related matters	Emergency	contact	Accounti	ng/Billing	Other
Order billable service	es and access card	ls Lease	related matters	Emergency	contact	Accounti	ng/Billing	Other
Order billable service	es and access card	ds Lease	related matters	Emergency	contact	Accounti	ng/Billing	Other
Order billable service	es and access card	ds Lease	related matters	Emergency	contact	Accounti	ng/Billing	Other
f you need more sp	ace, please ac	dd additional d	copies of this fo	orm.				
Tenant	Signature:							
Authorized Person:	Type/print n	ame & title:						

Please remember to inform us promptly if there are any changes.

If you have any questions, please contact the Office of the Building:

Phone: 818 -382-4100 Fax: 818-382-4101 Email: sog@douglasemmett.com
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